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GP 2000: a general practitioner for the new millennium

TYPICAL of the comments heard in the wake of the imposition of the 1990 contract for general practitioners was 'I just feel devalued'.[1] Many general practitioners were left with no clear sense of direction and a feeling that the doctor–patient relationship was rapidly being eroded by ill-thought-out policies of health promotion and extravagant patient expectations stimulated by an illusory patient's charter. The reorganization of the National Health Service, with its overemphasis on managerial prowess, data collection and paperwork, seems to be creating successive layers of chaos. Higher stress levels, together with rapidly escalating amounts of night work, are linked with evidence that general practitioners are retiring younger (Medical Practices Committee chairman's report, 1993), and some principals appear to have moved to non-clinical occupations. A worrying decline in applications for vocational training for general practice (NHS statistical bulletin, *Doctors in general practice 1979–91)* indicates that the specialty is not attracting its share of the best graduates although staff numbers and curriculum time allotted to vocational training have increased. However, times of turmoil are also times of opportunity: during his presidency of the RCGP the Prince of Wales wrote of 'the perfect time to look at the fundamental issues which affect the role of the general practitioner'.[2]

This month sees the publication of the latest report of the RCGP, *The nature of general medical practice.*[3] These reports are usually written by official working parties of the RCGP and carry the implication of support by the RCGP if not necessarily being statements of policy. They have influenced government as well as the profession. The latest report is produced by a working party led by Professor Nigel Stott and incorporates comments and suggestions from people with an interest in primary care based on general practice. A formative input to it was the document *Patient care and the general practitioner,* produced by the RCGP Welsh council and the Welsh General Medical Services Committee.[4]

Why do we need the new document? As Stott points out, clinical standards have always been the legitimate business of the RCGP.[5] Defining the role of the general practitioner in terms that can be audited and refashioned is a basic means of standard setting. The classic job description in *The future general practitioner,*[6] published in 1972, has had a major influence on training and the evolution of general practice, but since then emphasis has moved from individual practice to the primary care team,[7] with a wider professional responsibility to the community.[8] The new report will generate interest outside the United Kingdom because many countries face similar problems.[9]

The nature of general medical practice looks at the role of the general practitioner and aims to clarify the essential content of practice. The general practitioner is the diagnostician in primary care, and needs to practise an art as well as apply science: scientific medicine is only one part of patient care. The consultation should take account not only of the disease (the medical model) but also of the illness (the social model) and the hopes, fears, feelings and expectations of the patient.[10] Each of us has experienced illness, and Brody maintains that, as patients, we take comfort from attaching meaning to the experience.[11] By taking a narrow scientific approach to diagnosis general practitioners may reject something important to the patients — their 'stories of sickness'.[12] Macnaughton reminds us that the context in which patients live is closely related to the ways they react to illness.[13] Being alert to this is good doctoring.

Over recent decades the working environment of the average general practitioner has moved from the traditional lock-up surgery to the health centre or group practice premises. The care of patients with chronic diseases such as asthma or hypertension is returning to primary care. Emphasis on care in the community is increasing and there is talk of an NHS led by primary care.[14] The solo practitioner has had to adapt to lead a therapeutic team, but not without feelings of unease regarding the nature of the new primary care and the general practitioner's role within it. How can general practitioners be both effective clinicians and efficient delegators of clinical practice? How do general practitioners reconcile new contractual responsibilities with professional ethics? Can advocacy for the individual patient be reconciled with commissioning concern for the whole population in primary care?

Working in a team absorbs more time than traditional curing and caring: every addition to the team means that more of an individual's time is spent in formal and informal interaction and less is available for patient care. A person may find team working, team building and developing the skills of fundholding, purchasing or computer-aided communications satisfying but may resent the time that has to be spent in these activities if there is less time for contact with patients. Practising clinicians need protected time for critical appraisal of the literature, for continuing education, audit and discussion so that they can update their skills regularly. The public relies on this. Innovative clinical management is important in improving patient care but it should be patient centred and evidence based rather than driven by the political rhetoric of consumerism.

The nature of general medical practice makes two key points. First, it emphasizes the unique clinical role of the general practitioner as the diagnostician in primary care. Secondly, it points out the need for general practitioners to remain professionals in sole control of their professional activity. Are patients to have front-line care from a trained and accredited clinical generalist or nurse-based, consultant-led fragmented services? Inevitably, there will be tension between what is perceived as best for an individual patient and what is best for society, and a balance must be struck between these conflicting needs. Similarly, a balance must be found between the science and the person-centred art of medical practice.

In the UK, slogans promise an NHS led by primary care. Despite the 1990 contract and the current uncertainties, general practitioners have much to be proud of in the healthcare system and much to look forward to. John Fry reminded us that British general practice is still the envy of many other countries.[15] The arguments and questions raised in *The nature of general medical practice* are essential reading for all general practitioners who are concerned with the future of their discipline.

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